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PRELIMINARY EFFICACY OF MOTIVATIONAL INTERVIEWING ON PROBLEM DRINKERS 55 AND OLDER COMPARED TO YOUNGER COUNTERPARTS

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INTRODUCTION

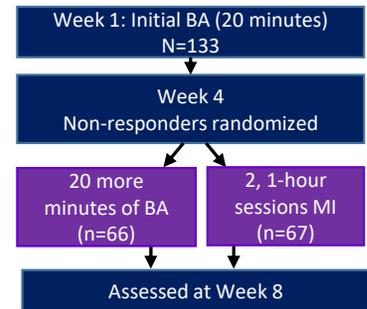
Older adults who drink at at-risk levels are the largest group of substance users among those 55 and older. Recent findings show that motivation and self-efficacy are found to have less of a protective impact on drinking compared to younger adults. **To date, no study has examined the effects of age on the efficacy of motivational interviewing (MI) compared to brief advice (BA), using a sample with individuals older than 65.**

METHOD

Objective: To explore the moderating impact of age on response to MI.

Participants: 97 heavy drinkers aged 22-54 years and 66 participants aged 55-73 years. (All participants: M=50.7 years, SD=11.6).

Data collection: Data were from an RCT testing stepped care brief interventions for alcohol use disorder.



Age may impact the efficacy of MI compared to brief advice, such that MI performs better as participants are older.

However, any brief intervention may be particularly important for an adult 55 and older in reducing their at-risk drinking.

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Take a picture to download poster handout.

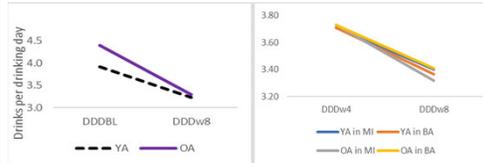


Data Analysis: Generalized estimating equations were used to test drinks per drinking day (DDD) 4 weeks after 2 sessions of MI were implemented compared to brief advice alone.

RESULTS

Individuals 55 and older demonstrated significantly lower DDD at week 8 than their younger counterparts, $b=-.17$, $SE=.07$, $p<.05$.

DRINKS PER DRINKING DAY



There was a moderating impact of continuous age on MI, where older individuals fared better in MI, $b=-.008$, $SE=.003$, $p<.05$. however, there was no moderating impact of age group on MI, $b=-.22$, $SE=.12$, $p=.08$.

LIMITATIONS

Limited sample and generalizability. Power. Lack of strong measures of fidelity.

CONCLUSION

Older adults reduced their daily drinking to a greater extent than younger adults in the context of any brief intervention. Age moderated the efficacy of MI, such that the older the participant the less they drank in the context of MI; however, the reduction was not clinically meaningful. More research is needed to provide optimal interventions across age groups.